



DAY NURSERY ROUTINE ILLNESS SURVEILLANCE FORM

101 Consumers Road, 2nd Floor, Whitby, ON, L1N 1C4
 (905) 723-3818, 1-888-777-9613,
 Fax (905) 666-1887

SYMPTOMS

Room: _____ Month: _____

DATE	NAME	diarrhea	bloody stool	nausea	abdominal cramps	vomiting	headache	fever	runny nose	dry cough	nasal congestion	sore throat	chills	muscle aches	malaise	poor appetite	other:	RETURN DATE	COMMENTS

Day Care Name: _____
 Address: _____

Operator: _____
 Phone #: _____ Fax #: _____